

## First Step: age group and service outcomes of implementing a brief intervention in a community AOD service

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**Introduction and Aims:** There is a need to maximise initial outpatient counselling sessions for substance use concerns; on average clients attend fewer than two sessions. We adapted and implemented a previously trialled brief intervention as the *First Step* in a stepped care approach at a community AOD centre. We compare substance use outcomes for younger (18-35) and older (over 35) adults and explore service outcomes through 12-months of an implementation phase, and 12-months of sustainability.

**Method:** A feasibility trial of *First Step*, a 3-module brief intervention, was conducted with treatment seeking adults and 1-, 3-, 6-, and 12-months follow-ups. Substance use outcomes included: i) global substance use impact; ii) primary drug of concern impact; and iii) alcohol, methamphetamine, and cannabis involvement. *First Step* was delivered with all eligible clients from November 2020. Clinicians completed a session checklist of module content to measure adherence to the intervention.

**Results:** There were effects for time for global substance use scores ( $p < 0.01$ ), primary drug of concern ( $p < 0.001$ ), and involvement with alcohol, methamphetamine, and cannabis (all  $p < 0.001$ ), with scores decreasing over time. There were also effects for age for global score ( $p < 0.05$ ), cannabis involvement ( $p < 0.001$ ; younger adults higher) and alcohol involvement ( $p < 0.001$ ; older adults higher). In terms of implementation of *First Step*, from November 2020 to November 2022, 3,648 individuals enquired for treatment (4,282 total enquiries) resulting in 2,084 enrolments for treatment. Of those who received any treatment, 91.2% and 84.6% received any *First Step* content during implementation and sustainability. Of those who received any *First Step*, 54.3% and 51.1% received content from all three modules in the implementation and sustainability phase respectively. On average, delivery of the core components for each module was slightly lower during sustainability, but varied by component and were above 75% in most cases.

**Conclusions:** *First Step* appears to be equally as effective for younger and older adults in most cases, despite some differences in use patterns. Most clients who enrolled in treatment received at least one module of *First Step*; however just over half received all three modules, indicating early discontinuation of treatment. Future research will need to determine whether *First Step* produces better results than treatment as usual.

**Implications for Practice or Policy:** A structured brief intervention can be implemented with positive substance use outcomes as the first step in care in a community AOD treatment setting. Early discontinuation highlights the need to maximise clients' first treatment session/s.

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